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From: Balamurugan Selvarajan

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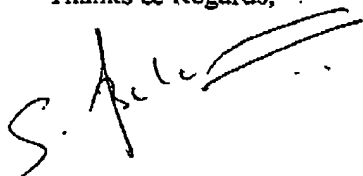
Subject: Revocation of Power of Attorney

Reference: 09/833468

Dear Sir,

I am faxing a signed copy of form SB0082. Please revoke the power of attorney previously given in the above-identified application.

Thanks & Regards,



Page 1 of 2

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PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0851-0035

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/833468
	Filing Date	11/26/2002
	First Named Inventor	Balamurugan Selvarajan
	Art Unit	
	Examiner Name	
	Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number: ☐ Please change the correspondence address for the above-identified application to:☐ The address associated with
Customer Number:

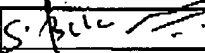
OR

<input checked="" type="checkbox"/> Firm or Individual Name	BALAMURUGAN SELVARAJAN		
Address	35654 Chaplin Dr		
City	Fremont	State	CA
Country	USA		
Telephone	925-227-5500 x 543	Email	SBMKPM@GMAIL.COM

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	BALAMURUGAN SELVARAJAN		
Date	12/15/05	Telephone	925-227-5500 x 543

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-0199 and select option 2.